

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. **172**
Registered No. **212**

1. PLACE OF BIRTH

County Mile State Arizona
District or Township _____ or Village _____
City Miami No. 711 Line Oak St. St. _____ Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Amelia Rivera
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child <u>Female</u>	To be answered ONLY in event of plural births.	4. Twin, triplet or other	5. Legitimate? <u>yes</u>	7. Date of birth <u>June 15 - 1931</u> Month Day Year
6. No., in order of birth				

8. FATHER
Full name David Rivera
9. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
10. Color or race Mex.
11. Age at last birthday 36 (Years)
12. Birthplace (city or place) Chihuahua Mex.
(State or country)
13. Occupation
Nature of Industry Miner

14. MOTHER
Full maiden name Guadalupe Sozo
15. Residence (Usual place of abode) Miami, Arizona
If non-resident, give place and state.
16. Color or race Mex
17. Age at last birthday 23 (Years)
18. Birthplace (city or place) Chihuahua, Mex.
(State or country)
19. Occupation
Nature of Industry Housewife

20. Number of children of this mother (Taken as of time of birth of child herein certified and including this child.) <u>3</u>	(a) Born alive and now living <u>2</u> (b) Born alive but now dead <u>0</u> (c) Stillborn <u>0</u>	21. Were precautions taken against ophthalmia neonatorum? <u>yes</u>
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CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was Born alive at 6:20 p. m. on the date above stated.
(Born alive or stillborn)

Signature Cyril M. Lerow M.D.
(Physician or midwife)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.
Given name added from supplemental report 91-615-726 Address Miami, Arizona
Month, day, year
Filed July 8, 1931 Registrar C. E. Spain

Registrar

Registrar

ORDER OF BIRTH NUMBER